

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/470 494
APPLICANT(S)

FILING DATE

12-22-99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			/			51		/				
2		1		/			52		/				
3		1		/			53		/				
4		1					54		/				
5		1					55		/				
6		1					56		/				
7		1					57		/				
8		1					58		/				
9		1					59		/				
10		1					60		/				
11		1					61		/				
12		1					62		/				
13		1					63		/				
14		1					64		17				
15		1					65		17				
16		1					66		17				
17		1					67	1					
18		17					68		/				
19		17					69		/				
20		17					70		/				
21	1						71		/				
22		1					72		/				
23		1					73		/				
24		1					74		/				
25		1					75		/				
26		1					76		/				
27		1					77		/				
28		1					78		/				
29		1					79		/				
30		1					80		/				
31		1					81		/				
32		1					82		/				
33		1					83		/				
34		1					84		/				
35		1					85	1					
36		1					86		/				
37		1					87		/				
38		17					88		/				
39		17					89		/				
40		17					90		/				
41	1						91		/				
42		1					92		/				
43		1					93		/				
44		1					94		/				
45		1					95		/				
46		1					96		/				
47	1						97		/				
48		1					98		/				
49		1					99		/				
50		1					100		/				
T TAL IND.	6						T TAL IND.						
TOTAL DEP.	241						TOTAL DEP.						
T TAL CLAIMS	247						TOTAL CLAIMS						